

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90041 040 ***158.75

DOCUMENT # P93000073407

1. Entity Name

HEALTH ALLIANCE HOME INFUSION, INC.



DO NOT WRITE IN THIS SPACE

24040361

2. Principal Place of Business

3028 CARING WAY

Suite, Apt. #, etc.

SUITE #10

City & State

PT. CHARLOTTE, FL 33952

Zip

33952

Country

USA

3. Mailing Address

3028 CARING WAY

Suite, Apt. #, etc.

SUITE #10

City & State

PT. CHARLOTTE, FL 33952

Zip

33952

Country

USA

4. FEI Number

65-0445935

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CHILDERS, ALAN L.

Street Address (P.O. Box Number is Not Acceptable)

4408 NORTSHORE DRIVE

City

CHARLOTTE HARBOR

FL

Zip Code

33980

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Alan L. Childers

ALAN L. CHILDERS

4-6-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PTS
CHILDERS, ALAN L.
4408 NORTSHORE DRIVE
CHARLOTTE HARBOR, FL 33980

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan L. Childers

ALAN L. CHILDERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04

Date

(941) 628-2491

Daytime Phone #

CR2E034B (12/02)